

Distance Education Prelicense Course Evaluation

Name: _____

Start Date: _____ Completion Date: _____

School: _____ Delivery Method: _____

Instructor: _____

Instructor:

	low			high	
Orientation was thorough and clear	1	2	3	4	5
Demonstrated knowledge of course content	1	2	3	4	5
Encouraged feedback and questions	1	2	3	4	5
Responded to my questions quickly	1	2	3	4	5
Instructor's support of student	1	2	3	4	5
Instructor/student interaction	1	2	3	4	5

Content/Materials:

Organization of content	1	2	3	4	5
Course objectives clearly stated	1	2	3	4	5
Content was what I expected	1	2	3	4	5
Value of resource materials	1	2	3	4	5
Ease of use of software if CBT	1	2	3	4	5

n/a

Delivery Method:

Satisfied with my learning experience	1	2	3	4	5
Course provided interactivity with instructor	1	2	3	4	5
Course provided interactivity with other students	1	2	3	4	5
Program met my needs	1	2	3	4	5
Degree of problems with self paced instruction	1	2	3	4	5
If this course utilized any technologies, such as the Internet or TV, please rate your satisfaction with the technologies.	1	2	3	4	5

n/a

Overall rating of the course 1 2 3 4 5

Overall rating of the instructor 1 2 3 4 5

What suggestions do you have to improve this program? _____

If you feel the use of the technologies was not satisfactory, or could be improved, please explain.

Signed: _____ Date: _____

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